SERFF Tracking Number:
 BALG-125417552
 State:
 Arkansas

 Filing Company:
 Protective Insurance Company
 State Tracking Number:
 EFT \$25

Company Tracking Number: ARPIC08-03R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Risk Program/ARPIC08-03R

#### Filing at a Glance

Company: Protective Insurance Company

Product Name: Workers Compensation SERFF Tr Num: BALG-125417552 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC Co Tr Num: ARPIC08-03R State Status: Fees verified and

received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Jeremy Jaynes Disposition Date: 01/09/2008

Date Submitted: 01/07/2008 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

State Filing Description:

#### **General Information**

Project Name: Terrorism Risk Program Status of Filing in Domicile: Authorized

Project Number: ARPIC08-03R Domicile Status Comments: Reference Organization: NCCI Reference Number: B-1405

Reference Title: Terrorism Risk Insurance Program Reathorization Advisory Org. Circular: CIF-2007-09

Filing Status Changed: 01/09/2008

State Status Changed: 01/09/2008 Deemer Date:

Corresponding Filing Tracking Number: ARPIC08-02F

Filing Description:

Protective Insurance Company is a licensed provider of Workers' Compensation insurance. We would like to adopt by reference NCCI item B-1405 regarding the Terrorism Risk Insurance Program.

## **Company and Contact**

#### **Filing Contact Information**

Jeremy Jaynes, Compliance Analyst jjaynes@baldwinandlyons.com

SERFF Tracking Number: BALG-125417552 State: Arkansas
Filing Company: Protective Insurance Company State Tracking Number: EFT \$25

Company Tracking Number: ARPIC08-03R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Risk Program/ARPIC08-03R

1099 N Meridian St (800) 231-6024 [Phone] Indianapolis, IN 46204 (317) 715-9615[FAX]

**Filing Company Information** 

Protective Insurance Company CoCode: 12416 State of Domicile: Indiana

1099 N Meridian St Group Code: 867 Company Type: Property &

Casualty

Indianapolis, IN 46204 Group Name: Baldwin & Lyons, Inc. State ID Number:

(317) 636-9800 ext. 416[Phone] FEIN Number: 35-6021485

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 SERFF Tracking Number:
 BALG-125417552
 State:
 Arkansas

 Filing Company:
 Protective Insurance Company
 State Tracking Number:
 EFT \$25

Company Tracking Number: ARPIC08-03R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Risk Program/ARPIC08-03R

#### **Filing Fees**

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation: State charges \$25 for adoption of an advisory organization's rating rule.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Protective Insurance Company \$25.00 01/07/2008 17372956

SERFF Tracking Number: BALG-125417552 State: Arkansas State Tracking Number: EFT \$25

Filing Company: Protective Insurance Company

Company Tracking Number: ARPIC08-03R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Risk Program/ARPIC08-03R

## **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/09/2008	01/09/2008

SERFF Tracking Number: BALG-125417552 State: Arkansas EFT \$25

Filing Company: State Tracking Number: Protective Insurance Company

Company Tracking Number: ARPIC08-03R

16.0 Workers Compensation TOI: Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Risk Program/ARPIC08-03R

### **Disposition**

Disposition Date: 01/09/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BALG-125417552 State: Arkansas Filing Company: State Tracking Number: EFT \$25 Protective Insurance Company

Company Tracking Number: ARPIC08-03R

**Supporting Document** 

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Risk Program/ARPIC08-03R

**Item Type Item Name Item Status Public Access** Uniform Transmittal Document-Property & Approved Yes **Supporting Document** Casualty NAIC Loss Cost Filing Document for Approved Yes **Supporting Document** Workers' Compensation NAIC loss cost data entry document

Approved

Yes

SERFF Tracking Number: BALG-125417552 State: Arkansas EFT \$25

Filing Company: Protective Insurance Company State Tracking Number:

Company Tracking Number: ARPIC08-03R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Terrorism Risk Program/ARPIC08-03R

### **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: BALG-125417552 Arkansas State: EFT \$25

Filing Company: Protective Insurance Company State Tracking Number:

Company Tracking Number: ARPIC08-03R

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Terrorism Risk Program/ARPIC08-03R Project Name/Number:

### **Supporting Document Schedules**

**Review Status:** 

Uniform Transmittal Document-Satisfied -Name: Approved 01/09/2008

**Property & Casualty** 

**Comments:** 

Attachment:

AR Transmittal 03R.pdf

**Review Status:** 

NAIC Loss Cost Filing Document Approved 01/09/2008 Bypassed -Name:

for Workers' Compensation

NA - rules filing only **Bypass Reason:** 

**Comments:** 

**Review Status:** 

NAIC loss cost data entry document Approved Bypassed -Name: 01/09/2008

NA - rules filing only **Bypass Reason:** 

**Comments:** 

# **Property & Casualty Transmittal Document**

1. Reserved for Insurance		2. Ins	2. Insurance Department Use only					
	Dept. Use Only	a. Dat	a. Date the filing is received:					
		b. Ana	alyst:					
		c. Dis	position:					
		d. Dat	te of disposi	ition of the f	filing:			
			ective date		=			
			New Bus	siness				
				l Business				
			te Filing #:					
		g. SE	RFF Filing #	<b>#</b> :				
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4.	Company Name(s)		Domicile	NAIC #	FEIN#	State #		
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5.	Company Tracking Number							
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		Officer(s) Title		ll-free numbe	er] FAX #	e-mail		
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7. 8. Filin 9. 10. 11.	Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Suk State Specific Product code applicable)[See State Specific Red Company Program Title (Mar	ed filer nstruction o-TOI) (s)(if quirements]	s for descrip	otions of the	FAX # ese fields)  [ ] Rules [ ] R bination Rates/R	tates/Rules ules/Forms		
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# **Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	Filing Fees (Filer must provide check # and fee amount if applicable)
22.	[If a state requires you to show how you calculated your filing fees, place that calculation below]
	heck #:
Αı	mount:
	r to each state's checklist for additional state specific requirements or instructions on
calc	ulating fees.
***	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies
	uired, other state specific forms, etc.)
PC	TD-1 pg 2 of 2